

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

17 NOV -2 AM 8:22

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Chiang John

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

State Treasurer's Office

Division, Board, Department, District, if applicable

Your Position

Treasurer

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See Attached

Position: Board Member

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2016, through December 31, 2016.

-or-

The period covered is / / , through December 31, 2016.

☐ **Leaving Office:** Date Left / / (Check one)

☐ The period covered is January 1, 2016, through the date of leaving office.

-or-

☐ The period covered is / / , through the date of leaving office.

☐ **Assuming Office:** Date assumed / /

☐ **Candidate:** Election year and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page:

Schedules attached

☒ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☒ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

300 S. Spring Street, Suite 8500

Los Angeles

CA

90013

DAYTIME TELEPHONE NUMBER

(213) 620-4467

E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

November 1, 2017
(month, day, year)

Signature

John Chiang

(File the originally signed statement with your filing official.)

State Treasurer John Chiang

Filing of SEI Form 700
Original must be signed and dated and filed with the
Fair Political Practices Commission
428 J Street, Suite 620
Sacramento, CA 95814

Copies to the Following

For all STO BCA's

Brittney Trost – Admin STO, Room 538

CalPERS

(CalPERS) Attn: Tifani Vincent, FPPC Filing Officer
400 Q Street, LPN - Sacramento, CA 95811
Enterprise Compliance office

CalSTRS

Attn: Amanda Connors, FPPC Filing Officer
100 Waterfront Place
West Sacramento, CA 95851-0275

CalHFA

Attn: Misty Miller, FPPC Filing Officer
500 Capitol Mall # 1400
Sacramento, CA 95814

California Earthquake Authority (CEA)

Attn: Neil Hall, FPPC Filing Officer
801 K Street, Suite 1000
Sacramento, CA 95814

California Infrastructure and Economic Development Bank (IBANK)

Attn: Nancee Trombley, FPPC Filing Officer
1325 J Street, 18th Floor
Sacramento CA 95814

Commission on State Mandates

Attn: Jill Magee, FPPC Filing Officer
980 Ninth Street, Suite 300
Sacramento, CA 95814

Golden State Tobacco Securitization Corporation
California Economic Recovery Financing Committee
Golden State Transportation Financing Corporation
State Public Works Board

California Department of Finance
Attn: Jeanna Wimberly, FPPC Filing Officer
915 L Street 12th Floor
Sacramento, CA 95814

State Treasurer John Chiang

CA Competes Tax Credit Committee

Attn: Virginia Gutierrez

1325 J Street, Suite 1800

Sacramento, CA 95814

(916)322-0659

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

John Chiang

NAME OF BUSINESS ENTITY
Dunn Edwards*

GENERAL DESCRIPTION OF THIS BUSINESS
Paint

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 16 / / 16
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 16 / / 16
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 16 / / 16
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 16 / / 16
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 16 / / 16
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 16 / / 16
 ACQUIRED DISPOSED

Comments: *Spouse ESOP

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John Chiang

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Position Match, LLC

ADDRESS (Business Address Acceptable)

140 S. Crescent Drive

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Focus Group

YOUR BUSINESS POSITION

None

GROSS INCOME RECEIVED

☒ \$500 - \$1,000

☐ \$10,001 - \$100,000

☐ No Income - Business Position Only

☐ \$1,001 - \$10,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary

☒ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of

(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or

☐ Rental Income, list each source of \$10,000 or more.

(Describe)

☐ Other

(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$500 - \$1,000

☐ \$10,001 - \$100,000

☐ No Income - Business Position Only

☐ \$1,001 - \$10,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary

☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of

(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or

☐ Rental Income, list each source of \$10,000 or more.

(Describe)

☐ Other

(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None

☐ Personal residence

☐ Real Property

Street address

City

☐ Guarantor

☐ Other

(Describe)

Comments:

SCHEDULE D **Income – Gifts**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John Chiang

► NAME OF SOURCE (Not an Acronym)

Wang Jiaqi/No.180PenyuzhanMaoE.St.HuaLongTon

ADDRESS (Business Address Acceptable)

Panyu District Guanzhou,Guangdong Province PRC

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Commodity Training

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 01 / 09 / 16 | \$ 8.00 | Tea |
| 01 / 09 / 16 | \$ 200.00 | Mou Tai (Liquor) |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

Christine Young

ADDRESS (Business Address Acceptable)

433 Airport Blvd. #330 Burlingame CA 94010

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Insurance

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 01 / 22 / 16 | \$ 70.00 | Lunch |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

Consulate General of Canada

ADDRESS (Business Address Acceptable)

550 S. Hope Street Los Angeles CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Diplomatic relations

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 01 / 25 / 16 | \$ 85.00 | Dinner during |
| / / | \$ | VerdeXchange 2016 |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

League of California Cities

ADDRESS (Business Address Acceptable)

1400 K Street #400 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Local Government

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 01 / 20 / 16 | \$ 4.33 | APICaucusReception |
| 02 / 25 / 16 | \$ 50.00 | EastBayDivisionMtg |
| 06 / 18 / 16 | \$ 4.33 | Mixer |

► NAME OF SOURCE (Not an Acronym)

Los Angeles County Federation of Labor

ADDRESS (Business Address Acceptable)

2130 James M. Wood Blvd. Los Angeles CA 90006

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Labor

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 01 / 23 / 16 | \$ 100.00 | Martin Luther King Jr. |
| / / | \$ | Breakfast |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

LA County Asian American Employees Association

ADDRESS (Business Address Acceptable)

PO Box 86334 Los Angeles CA 90086

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 01 / 28 / 16 | \$ 35.00 | Dinner |
| 01 / 28 / 16 | \$ 20.00 | Pen |
| / / | \$ | |

Comments: _____

SCHEDULE D **Income – Gifts**

| |
|--|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name John Chlang |
|--|

► NAME OF SOURCE (Not an Acronym)
 SAG-AFTRA

ADDRESS (Business Address Acceptable)
 350 Sansome St. #900 San Francisco CA 94104

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Labor

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 01 / 30 / 16 | \$ 199.00 | Awards Show |
| 01 / 30 / 16 | \$ 122.82 | Awards Gala |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John Chiang

► NAME OF SOURCE (Not an Acronym)

SEIU International

ADDRESS (Business Address Acceptable)

1800 Massachusetts Ave. NW Washington, DC 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE

labor

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 02 / 01 / 16 | \$ 73.00 | Reception |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

Wei Huang

ADDRESS (Business Address Acceptable)

333 S. Figueroa Street Los Angeles CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Real Estate Development

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 02 / 07 / 16 | \$ 200.00 | Bottle of Wine |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

Chinese Consulate of Los Angeles

ADDRESS (Business Address Acceptable)

443 Shatto Place Los Angeles CA 90020

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Diplomatic Relations

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 02 / 14 / 16 | \$ 20.00 | Amb. Liu Dinner |
| 08 / 20 / 16 | \$ 20.00 | Post-China Trip Dinner |
| 09 / 30 / 16 | \$ 20.00 | National Day Reception |

► NAME OF SOURCE (Not an Acronym)

Caroline Choe

ADDRESS (Business Address Acceptable)

1111 S. Grand PH5 Los Angeles CA 90015

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Investments

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 02 / 05 / 16 | \$ 60.00 | Dinner |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

California Democratic Party

ADDRESS (Business Address Acceptable)

1830 9th Street Sacramento CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Politics

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 02 / 09 / 16 | \$ 119.10 | Assembly Dem Caucus |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

Los Angeles County Black Probation Officers Assoc.

ADDRESS (Business Address Acceptable)

PO Box 8805 Los Angeles CA 90008

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law enforcement

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 02 / 19 / 16 | \$ 50.00 | Luncheon |
| / / | \$ | |
| / / | \$ | |

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John Chaing

► NAME OF SOURCE (Not an Acronym)

Valley Industry & Commerce Association

ADDRESS (Business Address Acceptable)

16600 Sherman Way #170, Van Nuys, CA 91406

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Advocacy

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 02 / 19 / 16 | \$ 150.00 | Annual State |
| ___ / ___ / ___ | \$ _____ | Officeholders Dinner |
| ___ / ___ / ___ | \$ _____ | |

► NAME OF SOURCE (Not an Acronym)

CA Asian Pacific Chamber of Commerce

ADDRESS (Business Address Acceptable)

2012 H Street, Suite 101, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 02 / 22 / 16 | \$ 79.00 | Asian Pacific Islander |
| ___ / ___ / ___ | \$ _____ | Legislative Caucus |
| ___ / ___ / ___ | \$ _____ | Dinner |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | |
| ___ / ___ / ___ | \$ _____ | |
| ___ / ___ / ___ | \$ _____ | |

► NAME OF SOURCE (Not an Acronym)

Hong Kong Association of Southern California

ADDRESS (Business Address Acceptable)

350 S. Figueroa St. #139, Los Angeles, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Global Relations

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 02 / 20 / 16 | \$ 100.00 | Chinese New Year |
| ___ / ___ / ___ | \$ _____ | Gala |
| ___ / ___ / ___ | \$ _____ | |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | |
| ___ / ___ / ___ | \$ _____ | |
| ___ / ___ / ___ | \$ _____ | |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | |
| ___ / ___ / ___ | \$ _____ | |
| ___ / ___ / ___ | \$ _____ | |

Comments:

SCHEDULE D Income - Gifts

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
| Name <u>John Chiang</u> |

► NAME OF SOURCE (Not an Acronym)
Jewish National Fund

ADDRESS (Business Address Acceptable)
42 East 69th Street, New York, NY 10021

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|-----------------------------|
| <u>03 / 01 / 16</u> | <u>\$ 40.00</u> | <u>Food/Drink-CA-Israel</u> |
| <u> / / </u> | <u>\$</u> | <u>Water Summit</u> |
| <u>03 / 01 / 16</u> | <u>\$ 20.00</u> | <u>Book</u> |

► NAME OF SOURCE (Not an Acronym)
Detailed Meetings

ADDRESS (Business Address Acceptable)
3964 Dauntless Dr. Rancho Palos Verdes CA 90275

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Event Planning

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|-------------------------|
| <u>03 / 10 / 16</u> | <u>\$ 65.46</u> | <u>AL TSA 2016</u> |
| <u> / / </u> | <u>\$</u> | <u>Conference-Lunch</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

► NAME OF SOURCE (Not an Acronym)
Stanford Institute for Economic Policy Research

ADDRESS (Business Address Acceptable)
356 Galvez Street, Stanford, CA 94305-6015

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Research

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|-------------------------|
| <u>03 / 11 / 16</u> | <u>\$ 30.00</u> | <u>Summit-Breakfast</u> |
| <u>03 / 11 / 16</u> | <u>\$ 48.00</u> | <u>Summit-Lunch</u> |
| <u>03 / 11 / 16</u> | <u>\$ 20.00</u> | <u>Summit-Drink</u> |

► NAME OF SOURCE (Not an Acronym)
Carmen Polcy

ADDRESS (Business Address Acceptable)
PO Box 2252 Yountville, CA 94599

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Retired

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|-------------------------------|
| <u>03 / 03 / 16</u> | <u>\$ 125.00</u> | <u>Welcome George-</u> |
| <u> / / </u> | <u>\$</u> | <u>town Law Center Dean</u> |
| <u> / / </u> | <u>\$</u> | <u>William Treanor-Dinner</u> |

► NAME OF SOURCE (Not an Acronym)
Cece Felleir

ADDRESS (Business Address Acceptable)
100 South The Grove Drive, Los Angeles, CA 90036

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|----------------------------|
| <u>03 / 10 / 16</u> | <u>\$ 59.86</u> | <u>Jewish Federation</u> |
| <u> / / </u> | <u>\$</u> | <u>Reunion Trip Dinner</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

► NAME OF SOURCE (Not an Acronym)
Stanford Institute for Economic Policy Research

ADDRESS (Business Address Acceptable)
356 Galvez Street, Stanford, CA 94305-6015

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Research

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|------------------------|
| <u>03 / 11 / 16</u> | <u>\$ 50.00</u> | <u>Reception</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John Chiang

► NAME OF SOURCE (Not an Acronym)

Alan Thian

ADDRESS (Business Address Acceptable)

121 E. Valley Blvd. #110, San Gabriel, CA 91776

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Banking

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 03 / 15 / 16 | \$ 80.00 | Welcome Dinner for |
| / / | \$ | Mayor of Taipei |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

Meyers Nave

ADDRESS (Business Address Acceptable)

555 12th Street, Oakland, CA 94607

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Legal

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 03 / 18 / 16 | \$ 350.00 | AABA Installation |
| / / | \$ | Dinner |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

OGAM, Ltd.

ADDRESS (Business Address Acceptable)

130 Adelaide St. W. #3000 Toronto ON M5H Canada

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Investments

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 03 / 22 / 16 | \$ 75.00 | Dinner |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

LA County Economic Development Corporation

ADDRESS (Business Address Acceptable)

444 S. Flower St. 37th Fl. Los Angeles, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 03 / 16 / 16 | \$ 30.00 | Board of Governors |
| 05 / 26 / 16 | \$ 64.80 | Southern CA Leader- |
| / / | \$ | ship Council-Lunch |

► NAME OF SOURCE (Not an Acronym)

Change to Win

ADDRESS (Business Address Acceptable)

1900 L St. NW #900 Washington, DC 30036

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit Labor Federation

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 03 / 22 / 16 | \$ 54.55 | Treasurers/Controllers |
| / / | \$ | Lunch at CII |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

Indo-American Community Federation

ADDRESS (Business Address Acceptable)

719 Boar Circle, Fremont, CA 94539

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 03 / 25 / 16 | \$ 80.00 | Unity Dinner |
| / / | \$ | |
| / / | \$ | |

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John Chiang

► NAME OF SOURCE (Not an Acronym)

Asian Americans Advancing Justice

ADDRESS (Business Address Acceptable)

1620 L St. NW Suite 1050 Washington, DC 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 03 / 30 / 16 | \$ 69.00 | National Conference- |
| | \$ | Welcome Reception |
| | \$ | |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| | \$ | |
| | \$ | |
| | \$ | |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| | \$ | |
| | \$ | |
| | \$ | |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| | \$ | |
| | \$ | |
| | \$ | |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| | \$ | |
| | \$ | |
| | \$ | |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| | \$ | |
| | \$ | |
| | \$ | |

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John Chiang

► NAME OF SOURCE (Not an Acronym)

Japanese American Bar Association

ADDRESS (Business Address Acceptable)

PO Box 71961 Los Angeles, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|----------|------------------------|
| 04 / 03 / 16 | \$ 65.00 | Gala |
| ____ / ____ / ____ | \$ _____ | _____ |
| ____ / ____ / ____ | \$ _____ | _____ |

► NAME OF SOURCE (Not an Acronym)

Royal Business Bank

ADDRESS (Business Address Acceptable)

121 E. Valley Blvd. #101 San Gabriel, CA 91776

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Banking

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|----------|------------------------|
| 04 / 06 / 16 | \$ 75.00 | Lunch |
| 04 / 15 / 16 | \$ 55.00 | Lunch |
| ____ / ____ / ____ | \$ _____ | _____ |

► NAME OF SOURCE (Not an Acronym)

CA Municipal Treasurer's Association

ADDRESS (Business Address Acceptable)

700 R Street, Suite 200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|----------|------------------------|
| 04 / 13 / 16 | \$ 59.00 | Conference-Lunch |
| ____ / ____ / ____ | \$ _____ | _____ |
| ____ / ____ / ____ | \$ _____ | _____ |

► NAME OF SOURCE (Not an Acronym)

California State Council of Laborers

ADDRESS (Business Address Acceptable)

1121 L Street, Suite 502, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Labor

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|----------|------------------------|
| 04 / 04 / 16 | \$ 53.40 | Open house reception |
| ____ / ____ / ____ | \$ _____ | _____ |
| ____ / ____ / ____ | \$ _____ | _____ |

► NAME OF SOURCE (Not an Acronym)

Committee of 100

ADDRESS (Business Address Acceptable)

257 Park Ave. South, 19th Fl. New York, NY 10010

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|----------|------------------------|
| 04 / 10 / 16 | \$ 18.00 | LMP Meet-up Lunch |
| 04 / 16 / 16 | \$ 56.00 | Conf.-VIP Breakfast |
| 04 / 17 / 16 | \$ 56.00 | Member Breakfast |
| ____ / ____ / ____ | \$ _____ | _____ |

► NAME OF SOURCE (Not an Acronym)

Joe Tseng

ADDRESS (Business Address Acceptable)

150 N. Santa Anita Ave. #490 Arcadia, CA 91006

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Accounting

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|-----------|------------------------|
| 04 / 15 / 16 | \$ 114.75 | Dinner |
| ____ / ____ / ____ | \$ _____ | _____ |
| ____ / ____ / ____ | \$ _____ | _____ |

Comments:

SCHEDULE D **Income – Gifts**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
John Chiang

▶ NAME OF SOURCE (Not an Acronym)
National Federation of Independent Business CA
ADDRESS (Business Address Acceptable)
921 11th Street, Suite 400, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|------------------------|
| <u>04 / 19 / 16</u> | <u>\$ 63.84</u> | <u>Lobby day-Lunch</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
Edward Cai
ADDRESS (Business Address Acceptable)
1900 W. Garvey Ave. #300 West Covina, CA 91790
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Exporter

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| <u>04 / 28 / 16</u> | <u>\$ 150.00</u> | <u>Dinner</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

Comments:

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John Chiang

► NAME OF SOURCE (Not an Acronym)

CTA Orange Service Center Council

ADDRESS (Business Address Acceptable)

281 N. Rampart Street, Suite A, Orange CA 92868

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Labor

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 05 / 04 / 16 | \$ 71.66 | WHO Awards Banquet |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

► NAME OF SOURCE (Not an Acronym)

21st Century Fox

ADDRESS (Business Address Acceptable)

2121 Avenue of the Stars #700 Los Angeles, CA 90067

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Entertainment

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 05 / 16 / 16 | \$ 15.88 | APIHM Screening |
| 05 / 16 / 16 | \$ 76.06 | APIHM Reception |
| ___ / ___ / ___ | \$ _____ | _____ |

► NAME OF SOURCE (Not an Acronym)

Taiwan American Chamber of Greater Los Angeles

ADDRESS (Business Address Acceptable)

1045 E. Valley Blvd. #A211 San Gabriel, CA 91776

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 05 / 28 / 16 | \$ 62.00 | Investment |
| ___ / ___ / ___ | \$ _____ | Conference-Lunch |
| ___ / ___ / ___ | \$ _____ | _____ |

► NAME OF SOURCE (Not an Acronym)

Chinaweek

ADDRESS (Business Address Acceptable)

680 E. Colorado Blvd. #180 Pasadena, CA 91101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Community Events Resource

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 05 / 11 / 16 | \$ 125.00 | China Business |
| ___ / ___ / ___ | \$ _____ | Summit - Lunch |
| ___ / ___ / ___ | \$ _____ | _____ |

► NAME OF SOURCE (Not an Acronym)

AJC Los Angeles

ADDRESS (Business Address Acceptable)

11766 Wilshire Blvd. Los Angeles, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 05 / 23 / 16 | \$ 100.00 | Annual Meeting |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

Comments: _____

SCHEDULE D **Income – Gifts**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John Chiang

► NAME OF SOURCE (Not an Acronym)

Asian American Association of Investment Managers

ADDRESS (Business Address Acceptable)

50 California St. #2320 San Francisco, CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 06 / 02 / 16 | \$ 40.00 | Conference-Breakfast |
| 06 / 02 / 16 | \$ 60.00 | Conference-Lunch |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

Association for Los Angeles Deputy Sheriffs

ADDRESS (Business Address Acceptable)

2 Cupania Circle Monterey Park, CA 91755

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law Enforcement

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 06 / 18 / 16 | \$ 73.00 | Awards Banquet |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

Taipei Economic and Cultural Office in Los Angeles

ADDRESS (Business Address Acceptable)

3731 Wilshire Bl. #700 Los Angeles, CA 90010

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Diplomatic Relations

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 12 / 13 / 16 | \$ 10.00 | Calendar |
| 12 / 13 / 16 | \$ 15.00 | Wine |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

Chinese Community Affairs Council

ADDRESS (Business Address Acceptable)

715 S. Lincoln, Monterey Park, CA 91755

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 06 / 16 / 16 | \$ 50.00 | Private Dinner |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

Taipei Economic and Cultural Office in Los Angeles

ADDRESS (Business Address Acceptable)

3731 Wilshire Bl. #700 Los Angeles, CA 90010

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Diplomatic Relations

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 06 / 30 / 16 | \$ 50.00 | Taiwan Pres. Arrival- |
| / / | \$ | Gift |
| 07 / 01 / 16 | \$ 40.00 | Breakfast Meeting |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

Comments:

SCHEDULE D Income – Gifts

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
| Name <u>John Chiang</u> |

► NAME OF SOURCE (Not an Acronym)
Gen Next, Inc.

ADDRESS (Business Address Acceptable)
4100 MacArthur Bl. #325, Newport Beach, CA 92660

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|--------------------------|
| <u>07 / 13 / 16</u> | <u>\$ 87.77</u> | <u>Evening Reception</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

► NAME OF SOURCE (Not an Acronym)
Katherine Spillar

ADDRESS (Business Address Acceptable)
1600 Wilson Blvd. #801 Arlington, VA 22209

BUSINESS ACTIVITY, IF ANY, OF SOURCE
07

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| <u>07 / 15 / 16</u> | <u>\$ 284.00</u> | <u>Hollywood Bowl</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John Chiang

► NAME OF SOURCE (Not an Acronym)

LE Holdings (Beijing) Co. Ltd.

ADDRESS (Business Address Acceptable)

3rdLayerHongChengXinTaiBldgYaoJiayuanRdChao

BUSINESS ACTIVITY, IF ANY, OF SOURCE

yangDistBeijingPRChina100025 Electronic Manufac

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 07, 31, 16 | \$ 50.00 | Meal |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

Department of Commerce, Shanxi Province

ADDRESS (Business Address Acceptable)

1 Xinjian Road, Talyuan, Shanxi, China 030002

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Foreign Gov't Assn

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 08, 03, 16 | \$ 50.00 | TourMuseumThermal |
| / / | \$ | PlantLunchDinnerGift |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

Jiangsu Provincial People's Government

ADDRESS (Business Address Acceptable)

68 W Beijing Road, Nanjing, China 210024

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Foreign Government Association

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 08, 05, 16 | \$ 55.00 | Lunch |
| / / | \$ 15.00 | Gift |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

MEBO International Group

ADDRESS (Business Address Acceptable)

F31BldgAtheApacesInt'lCtr8DongdaqiaoStChaoyang

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DistBeijingPRChina Medical Manufacturing

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 08, 01, 16 | \$ 65.00 | Lunch |
| / / | \$ 10.00 | Gift |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

Shanxi Provincial People's Assoc for Friendship w For-

ADDRESS (Business Address Acceptable)

eignCountries-Int'lBldgNo388YingzeSt#2201Tiayan

BUSINESS ACTIVITY, IF ANY, OF SOURCE

ShanxiChina030002 Foreign Gov't Assn

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 08, 03, 16 | \$ 55.00 | LunchDinnerTour |
| / / | \$ 15.00 | Gift |
| 08, 04, 16 | \$ 85.00 | Tour, Lunch, Dinner |

► NAME OF SOURCE (Not an Acronym)

Vice Governor Lei Zhang, Jiang Su Province

ADDRESS (Business Address Acceptable)

68 W Beijing Road, Nanjing, China 210024

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Government

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 08, 05, 16 | \$ 125.00 | Painting |
| / / | \$ | |
| / / | \$ | |

Comments:

SCHEDULE D **Income – Gifts**

| |
|--|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name John Chiang |
|--|

► NAME OF SOURCE (Not an Acronym)
 Jiangsu Provincial People's Assn for Friendship w/ Foreign Countries
 ADDRESS (Business Address Acceptable)
 15 Xikang Rd., Nanjing, China
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Foreign Government Association

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 08 / 05 / 16 | \$ 60.00 | Dinner |
| / / | \$ 66.00 | Gift |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

Comments: _____

SCHEDULE D **Income – Gifts**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John Chiang

► NAME OF SOURCE (Not an Acronym)

UFCW Western States Council

ADDRESS (Business Address Acceptable)

8530 Stanton Avenue #2A Buena Park, CA 90620

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Labor

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 09 / 01 / 16 | \$ 161.16 | Annual Person of the |
| / / | \$ | Year Dinner |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

Georgetown University Wall Street Alliance

ADDRESS (Business Address Acceptable)

500 5th Avenue New York, NY 10110

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business Community

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 09 / 21 / 16 | \$ 75.00 | Lunch |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

Comments:

SCHEDULE D **Income - Gifts**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John Chiang

► NAME OF SOURCE (Not an Acronym)

Allied Pacific IPA & Network management

ADDRESS (Business Address Acceptable)

1668 S. Garfield Ave. 2nd Fl. Alhambra, CA 91801

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Medical

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 10 / 01 / 16 | \$ 80.00 | Annual Retreat |
| 12 / 11 / 16 | \$ 150.00 | Holiday Party |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

Armenian Nat'l Committee of America-Western Region

ADDRESS (Business Address Acceptable)

104 North Belmont St. #200 Glendale, CA 91206

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Advocacy

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 10 / 16 / 16 | \$ 96.00 | Annual Banquet |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

Nat'l Asian Pacific Islander Prosecutors Association

ADDRESS (Business Address Acceptable)

70 W. Hedding St. West Wing, San Jose, CA 95110

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 10 / 21 / 16 | \$ 110.00 | Scholarship Banquet |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

UNAC/UHCP

ADDRESS (Business Address Acceptable)

955 Overland Ct. #150 San Dimas CA 91773

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Labor

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 10 / 03 / 16 | \$ 230.00 | Convention-Reception |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

Law Offices of Paul P. Chen & Associates

ADDRESS (Business Address Acceptable)

790 E. Colorado Bl. #260 Pasadena, CA 91101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Legal

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 10 / 20 / 16 | \$ 20.00 | Reception |
| 10 / 20 / 16 | \$ 25.00 | Journal |
| 10 / 20 / 16 | \$ 15.00 | Pen |

► NAME OF SOURCE (Not an Acronym)

Christian Burgos

ADDRESS (Business Address Acceptable)

18400 Von Karman Ave. Suite 900 Irvine, CA 92612

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Legal

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 10 / 29 / 16 | \$ 80.00 | City Club Los Angeles |
| / / | \$ | Charity Masquerade |
| / / | \$ | Ball |

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
John Chiang

► NAME OF SOURCE (Not an Acronym)
State Bar of California - International Law Section
ADDRESS (Business Address Acceptable)
180 Howard Street, San Francisco, CA 94105
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|------------------------|
| <u>11 / 04 / 16</u> | <u>\$ 80.92</u> | <u>Law Summit</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

► NAME OF SOURCE (Not an Acronym)
Anschutz Entertainment Group (AEG)
ADDRESS (Business Address Acceptable)
800 W. Olympic Blvd, #305 Los Angeles, CA 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|-----------------------------|
| <u>11 / 14 / 16</u> | <u>\$ 55.00</u> | <u>Food - Clippers Game</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

► NAME OF SOURCE (Not an Acronym)
Asian Business Association
ADDRESS (Business Address Acceptable)
120 S. San Pedro St, #523 Los Angeles, CA 90012
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|------------------------|
| <u>11 / 14 / 16</u> | <u>\$ 85.00</u> | <u>Clippers Ticket</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

► NAME OF SOURCE (Not an Acronym)
USC Sol Price of Public Policy
ADDRESS (Business Address Acceptable)
USC, Lewis Hall 312, Los Angeles, CA 90089-0620
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Policy

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|-------------------------|
| <u>11 / 16 / 16</u> | <u>\$ 50.00</u> | <u>Dean's Policy</u> |
| <u> / / </u> | <u>\$</u> | <u>Breakfast Series</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

Comments:

SCHEDULE D **Income – Gifts**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
John Chlang

► NAME OF SOURCE (Not an Acronym)

California School Boards Association

ADDRESS (Business Address Acceptable)

3251 Beacon Blvd. West Sacramento, CA 95691

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 12 / 02 / 16 | \$ 72.00 | APISBMA Breakfast |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

Korean Resource Center

ADDRESS (Business Address Acceptable)

900 Crenshaw Boulevard, Los Angeles, CA 90019

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 12 / 08 / 16 | \$ 55.50 | Board Luncheon |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

Hotel California by the Sea, LLC

ADDRESS (Business Address Acceptable)

2811 Villa Way, Newport Beach, CA 92663

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Treatment

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 12 / 13 / 16 | \$ 280.25 | Employee Holiday |
| / / | \$ | Celebration |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

Sacramento Seminar c/o Richard Spotswood

ADDRESS (Business Address Acceptable)

200 Magee Avenue, Mill Valley, CA 94941

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Political to Civic Discussions

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 12 / 02 / 16 | \$ 50.00 | Lunch |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

San Francisco & Construction Trades Council

ADDRESS (Business Address Acceptable)

1188 Franklin St. #9203 San Francisco, CA 94109

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Labor

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 12 / 09 / 16 | \$ 75.00 | Laborer's Moose Feed |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE (Not an Acronym)

KHEIR

ADDRESS (Business Address Acceptable)

3727 W. 6th St. Suite 210, Los Angeles, CA 90020

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 12 / 14 / 16 | \$ 55.00 | Board Appreciation |
| / / | \$ | Dinner |
| 12 / 14 / 16 | \$ 30.00 | Gift |

Comments:

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John Chiang

► NAME OF SOURCE (Not an Acronym)

CREED LA

ADDRESS (Business Address Acceptable)

501 Shatto Pl. #200, Los Angeles, CA 90020-1713

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 12 / 15 / 16 | \$ 58.98 | Holiday Party |
| | \$ | |
| | \$ | |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| | \$ | |
| | \$ | |
| | \$ | |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| | \$ | |
| | \$ | |
| | \$ | |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| | \$ | |
| | \$ | |
| | \$ | |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| | \$ | |
| | \$ | |
| | \$ | |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| | \$ | |
| | \$ | |
| | \$ | |

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John Chiang

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
CERES
ADDRESS (Business Address Acceptable)
99 Chauncy Street, 6th Floor
CITY AND STATE
Boston, MA 02111
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 01 / 26 / 16 - 01 / 27 / 16 AMT: \$ 285.00
(If gift)
▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income
☒ Made a Speech/Participated In a Panel
☐ Other - Provide Description "Convener" at the 2016 CERES Investor Summit on Climate Risk at the UN
▶ If Gift, Provide Travel Destination New York, NY
Meals: \$285.00

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
☐ Made a Speech/Participated In a Panel
☐ Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
☐ Made a Speech/Participated In a Panel
☐ Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
☐ Made a Speech/Participated In a Panel
☐ Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John Chiang

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)

The Hunt Institute

ADDRESS (Business Address Acceptable)

1000 Park Forty Plaza, Suite 280

CITY AND STATE

Durham, NC 27713

☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

DATE(S): 05 / 01 / 06 - 05 / 02 / 16 AMT: \$ 1126.95
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description I participated as a Fellow in the Hunt I Kean Leadership program

▶ If Gift, Provide Travel Destination Nashville, TN Airfare \$604.08
Ground Trans \$104.00 Lodging \$289.47 Meals \$129.40

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ If Gift, Provide Travel Destination

▶ NAME OF SOURCE (Not an Acronym)

Milken Institute

ADDRESS (Business Address Acceptable)

1250 Fourth Street

CITY AND STATE

Santa Monica, CA 90401

☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Economic Think Tank

DATE(S): 05 / 03 / 16 - 05 / 04 / 16 AMT: \$ 91.15
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description Panelist at the 2016 Milken Institute Global Conference

▶ If Gift, Provide Travel Destination Beverly Hills, CA
Meals: \$91.15

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ If Gift, Provide Travel Destination

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John Chiang

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
NASTWesternStateTreasAssoc c/oUtahStateTreasurer
ADDRESS (Business Address Acceptable)
350 N State Street, Suite 180
CITY AND STATE
Salt Lake City, UT 84114
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
National Association of State Treasurers
DATE(S): 06 / 13 / 16 - 08 / 16 / 16 AMT: \$ 608.88
(If gift)
▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description Participant-NASTTreasury
MgmtTrainingSymposium
▶ If Gift, Provide Travel Destination New Orleans, LA
Lodging: \$572.88; Ground Transpo: \$36.00

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If gift)
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If gift)
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If gift)
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
John Chiang

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
The Aspen Institute
ADDRESS (Business Address Acceptable)
One Dupont Circle, Suite 700, NW
CITY AND STATE
Washington, D.C. 20036-1133
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Leadership Institute

DATE(S): 06 / 19 / 16 - 06 / 20 / 16 AMT: \$ 1111.49
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description Featured speaker and participant - Aspen Institute Forum OR Retirement Savings

▶ If Gift, Provide Travel Destination Portland OR Airfare 655.20
Grnd Trans 186.00 Hotel 203.41 Meals 52.81 Mtg ex 14.07

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
RF Kennedy Human Rights
ADDRESS (Business Address Acceptable)
515 Madison Avenue
CITY AND STATE
New York, NY
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Human Rights

DATE(S): 06 / 27 / 16 - 06 / 29 / 16 AMT: \$ 2531.78
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description 2016 RFK Compass Conf in Hyannis Port conference participant

▶ If Gift, Provide Travel Destination Hyannis Port MA Airfare 875.20
Grnd Trans 420.00 Lodging 802.00 Meals 434.58

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John Chiang

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Chinese People's Assn for Friendship w Foreign Countries
ADDRESS (Business Address Acceptable)
1 Taijichang Street
CITY AND STATE
Beijing 100740 China
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 07 / 31 / 16 - 08 / 07 / 16 AMT: \$ 6285.00
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description Speaker Sino-US Internet Ecosystem Innovation Forum Led US China Trade Mission

▶ If Gift, Provide Travel Destination Beijing Shanxi Nanjing Guangzhou China Airfare: 4950 Hotel 1050 Meals 285

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John Chiang

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
The Hunt Institute
ADDRESS (Business Address Acceptable)
1000 Park Forty Plaza, Suite 280
CITY AND STATE
Durham, NC 27713
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education
DATE(S): 08 / 10 / 16 - 08 / 12 / 16 AMT: \$ 1531.32
(If gift)
▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description I participated as a Fellow in the Hunt I Kean Leadership Fellows I Session 2
▶ If Gift, Provide Travel Destination Portland, OR Airfare: 207.20
Lodging: 622.22 Ground Trans: 168.17 Meals: 533.93

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): / / - / / AMT: \$
(If gift)
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
▶ If Gift, Provide Travel Destination

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): / / - / / AMT: \$
(If gift)
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
▶ If Gift, Provide Travel Destination

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): / / - / / AMT: \$
(If gift)
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
▶ If Gift, Provide Travel Destination

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John Chlang

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Western State Treasurers Assoc c/o Utah State Treas
ADDRESS (Business Address Acceptable)
350 No. State Street, Suite 180
CITY AND STATE
Salt Lake City, Utah 84114
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
part of National Assoc of State Treasurers
DATE(S): 09 / 11 / 16 - 09 / 14 / 16 AMT: \$ 808.28
(If gift)
▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description Participant in the 2016
NAST Annual Conference
▶ If Gift, Provide Travel Destination Seattle, WA -
Lodging: \$706.53; Ground Trans: \$101.75

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description _____
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CITY AND STATE

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DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

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- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Council of Korean Americans
ADDRESS (Business Address Acceptable)
1050 Connecticut Avenue, NW #500
CITY AND STATE
Washington, D.C. 20036
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Leadership
DATE(S): 10 / 14 / 16 - 10 / 15 / 16 AMT: \$ 397.36
(If gift)
▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income
☒ Made a Speech/Participated In a Panel
☐ Other - Provide Description Featured speaker Council of Korean Americans 2nd Annual Summit and Gala
▶ If Gift, Provide Travel Destination Washington, D.C. - Lodging: \$342.36 Meal: \$55.00

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
☐ Made a Speech/Participated In a Panel
☐ Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
☐ Made a Speech/Participated In a Panel
☐ Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
☐ Made a Speech/Participated In a Panel
☐ Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John Chiang

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- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
The Chinese Finance Association
ADDRESS (Business Address Acceptable)
1456 South Emerald Avenue
CITY AND STATE
Chicago, IL 60607
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Finance Professionals
DATE(S): 11 / 04 / 16 - 11 / 06 / 16 AMT: \$ 2228.67
(If gift)
▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description Lunchkeynote-TCFA
22nd Annual Conference
▶ If Gift, Provide Travel Destination New York, NY Airfare: 1647.20
GroundTrans: 102.47 Lodging: 329.00 Meals: 105.00

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

Comments: _____

▶ NAME OF SOURCE (Not an Acronym)
Hawaii Tax Institute
ADDRESS (Business Address Acceptable)
P.O. Box 1381
CITY AND STATE
Honolulu, HI
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tax Professionals/Education
DATE(S): 11 / 09 / 16 - 11 / 10 / 16 AMT: \$ 1026.79
(If gift)
▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description PlenarySessionTaxInstitute
Speaker
▶ If Gift, Provide Travel Destination Honolulu, HI Airfare: 597.00
GroundTrans: 30.00 Lodging: 324.79 Meal: 75.00

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____